

KDADS STANDARD POLICY

Policy Name:	Extraordinary Funding for KDADS Services	Policy Number:	2014-55
Division:	Home and Community Based Services (HCBS)	Date Established:	7/1/2007
Applicability:	HCBS for Intellectual/Developmental Disabilities	Date Last Revised:	12/11/14
Contact:	KDADS HCBS Assistant Director	Date Effective:	1/1/15
Policy Location:	Community Services & Programs Commission	Date Posted:	12/22/2014
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Purpose

To update wording in Extraordinary Funding for HCBS Services letter to KDADS language. As well, to update language to ensure MCO review is consistent for all requests submitted. This policy replaces Extraordinary Funding (EF) Policy titled "Extraordinary Funding for HCBS MR/DD Day and Residential Supports" effective July 1, 2007 and all related policies as amended.

Summary

Historically, a small percentage of residential and day providers for adult persons served through the home and community based services (HCBS) program for individuals with Intellectual and/or Developmental Disabilities (HCBS-IDD) have received an extraordinary level of funding for their assessed health and welfare needs while they are receiving waiver supports. The community developmental disability organizations (CDDOs) were responsible for reviewing and approving requests for extraordinary funding (EF). Following CDDO negotiations in late 2014, the KDADS determined that EF should now be processed by the KanCare Managed Care Organizations (MCO).

On January 1, 2015, MCOs will become responsible for approving and authorizing EF consistent with the following procedures. The following policy is designed to provide a framework for ongoing EF reviews during a temporary transition period from the CDDOs to the MCOs. This Transition Period will be Jan. 1, 2015 through June 30, 2015.

Policy

I. Policy during Transition Period

- A. Effective January 1, 2015, approval and authorization for Extraordinary Funding will be transitioned to the KanCare Managed Care Organizations (MCO). Effectively immediately, all requests for renewal of Extraordinary Funding will be submitted by the provider to the person's MCO. Outstanding EF requests submitted to KDADS for review and approval will be continued until a decision has been made by the MCO.

Policy Name:	Extraordinary Funding for IDD Day & Residential Supports	Policy Number:	2014-55
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B. Renewals for Persons due for an Annual Review:

The completed request must be submitted at least 90 days prior to the service start date. However, requests for plans with start dates between Jan. 1- April 30 will need to be submitted at least within the month the plan expires. During the Transition Period the MCOs will extend previously approved Extraordinary Funding plans until the MCO has sufficient time to review the request and make a determination.

C. Renewals for Persons who have Renewals due beyond 2015:

All approved plans with Extraordinary Funding, must be submitted in 2015, regardless of the previous schedule for review. The request should be submitted per the guidelines above for the month the request would have been reviewed. For example, if a consumer's EF would have been reviewed in January 2016, it should be submitted during the month of January 2015. If a consumer's EF would have been reviewed in June 2016, the request should be submitted 90 days prior to June 2015.

D. Historical Information:

During the transition period, CDDOs will provide the information utilized to make the most recent EF determination, to the MCOs, for historical purposes. The CDDOs will upload this information into the most recent functional assessment in KAMIS.

E. Individualized Rates:

All individualized rates must be reviewed in 2015. For providers receiving individualized rates, please submit the entire Individualized Rate package and audit documents to the MCO for review.

F. New Requests for Extraordinary Funding:

During the Transition Period, no new requests for Extraordinary Funding will be accepted by the MCOs, unless a person is transitioning from an institutional setting, or in an extraordinary circumstance approved by the MCO. Community Service Providers may not refuse to serve a consumer based on his/her tier and related reimbursement rate. A provider's inability to support a consumer in the community or recommending placement in an ICF-IID because of inability to serve in the community does not, ordinarily, constitute an "extraordinary" circumstances.

Process

II. Eligibility for EF or continuation of EF

- A. A persons' eligibility for Extraordinary Funding (EF) will be determined by the results of the uniform tool recommended by the EF Work Group in their final report dated March 2006, and agreed to by SRS and CDDOs as part of the FY07 contract and for which all CDDO's received training during the first quarter of FY07 (and any subsequent training updates). It is the responsibility of the CDDO to complete all EF determinations in a manner consistent with the time lines specified in this policy and the training provided by SRS. CDDOs have the discretion to determine who will review the results of assessments and ultimately determine whether or not to recommend to the State a request for EF on behalf of a person. *A copy of the uniform tool is available on the HCP-CSS website.*
- B. For persons whose services have been reimbursed with Extraordinary Funding (EF) and who are transferring to a new community service provider (CSP) during the transition period, the new CSP should submit a new request for EF to the MCO within 60 days of transition. The MCO will complete a

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review to assess the need for continued EF with the new CSP and will continue EF there has been a sufficient time for review and determination and a decision has been made.

- C. If an individual changes MCOs during the Transition Period, the MCO may request a copy of the EF documentation submitted to determine the need for or continuation of EF. The CSP should submit the EF request to the new MCO as requested. The new MCO will continue the previously approved plan until there has been sufficient time for review and determination and a decision has been made.

III. Renewal Requests

A. Effective January 1, 2015, individuals whose services are currently reimbursed with EF will be reassessed on a schedule based on the following criteria:

1. Persons whose services have been reimbursed with EF for at least five consecutive years, and who are reassessed every three years during the person's birth month, will be reassessed in 2015 and at least annually in the future.
2. Persons who transitioned to the community from a qualifying institution using Money Follows the Person and whose services have been reimbursed with EF, which was previously guaranteed for at least five consecutive years, will be reassessed in 2015 and at least annually in the future, regardless of the year when EF began.
3. All other persons whose services were reimbursed with EF and are currently reassessed annually during the persons' birth month for the continued need for EF will continue to be reassessed at least annually in the future.
4. In the event a person has been approved for EF at different times for different services, the person will be reassessed for the need for EF for each service during 2015. For example, if a person has been receiving EF for residential services for six years, EF will be reviewed during the birth month of 2015. If the same person had only been approved for EF for day services for one year, then the continued need for EF will also be reviewed during the birth month of 2015. Submissions for both Residential Supports and Day Supports should be submitted at the same time.

B. Submissions for EF Requests due in January-April 2015, 2016 or later

1. **EF Renewal Due in 2015:** Renewal requests for all extraordinary funding that would end during the months of January through April 2015 must be submitted to the MCO no later than the end of the month the renewal is due.
2. **EF Renewal Due in 2016 or later:** Renewal requests for extraordinary funding that would end during the months of January through April 2016 or later should be submitted in the month the renewal request would be due in 2016 or later.
 - a. For example, if EF will end in January 2016, an EF renewal request should be submitted in January of 2015.
 - b. All requests for January, February, March, and April of 2016 or later must be submitted to the MCO no later than April 30, 2015.

C. Submission for EF Requests due after April 2015, 2016 or later

1. **EF Renewal Due in 2015:** Renewal requests for extraordinary funding with reviews due after April 30, 2015, must be submitted to the MCO at least 90 days prior to the EF review date. For example,

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if Extraordinary Funding ends in May 2015, the community service provider should submit an EF Request packet to the MCO in February 2015.

2. **EF Renewal Due in 2016 or later:** Renewal requests for extraordinary funding that ends during any month (May-December) in 2016 or later should be submitted in the month the renewal request would be due in 2016 or later.

IV. Existing Requests waiting for EF

A. Individuals currently waiting for extraordinary funding will be reviewed by the MCO between January 1, 2015 and March 31, 2015. The MCO may contact the community service provider to request additional information needed for review.

1. The MCO will make a final determination about extraordinary funding and notify the community service provider through a Notice of Action with the decision.
2. There will no longer be a waiting list for extraordinary funding after March 31, 2015. No additional provider requests will be added to a waiting list for extraordinary funding. Each request will be reviewed and a final determination will be made at the time a request is submitted.

B. Initial Requests for EF during the Transition Period

1. If an individual is transitioning from an institution, the MCOs will work with the provider and determine if the individual has an assessed need for extraordinary funding.
2. If an individual is in crisis and at imminent risk of institutionalization based on the individual's severe medical or behavioral health needs, and those needs cannot be met in the community without additional supports, the MCO may request the provider submit an EF Request packet for consideration.

V. Termination of Extraordinary

A. **Extraordinary Funding may be terminated if ineligible at the time of review.** If, based on the uniform tool, a person is determined to no longer be eligible for EF, the person's EF will be reduced to the regular tier rate effective the month after the tool is completed. The MCO will send notification to the CSP as indicated, below.

B. **Extraordinary Funding may be terminated for other reasons.** If the individual's tier changes in the middle of the review year, the MCO may require documentation of the continued need to extraordinary funding. If no documentation is submitted, the MCO may utilize the documentation submitted for the EF review to determine if the provider would continue to meet the threshold level at the new tier score. The MCO will notify the community service provider if extraordinary funding will end including the date the funding will end.

C. **Notification.** MCOs will ensure notification to the provider is made at least 30 days in advance with information about how to dispute the determination. Community Service Providers may not refuse to serve a consumer based on his/her tier and related reimbursement rate. Determination of continuation of services will be submitted to the CSP when:

1. person is determined eligible/ineligible for EF or a continuation of EF.
2. The date a person who has EF will no longer need the funding.

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Status/Date:	Draft/Amendment/Temporary for 1/1/15 to 6/30/15	Number of Pages:	8

VI. Method for Submitting EF Requests:

A. Documentation Requirements

1. Documents due at time of submission

All required documents in the “Documents” section below must be submitted before the MCOs will begin reviewing Extraordinary Funding renewal requests.

- Additional documentation may be requested to complete the review process. The MCO will contact the provider and request any additional information that may be needed.

2. Failure to Submit Documentation

- A community service provider who does not submit Extraordinary Funding requests to the MCO with all required documentation within 30 days of the submission due date (see submission dates in Section B, above) may have EF terminated
- The MCO will include notification of the date extraordinary funding will end.

B. Method for Submitting EF Documentation

- During the Transition Period, KDADS will work to develop a web-based utility tool for providers to be able to upload requests for EF.
- Until further notice, please submit requests to each MCO utilizing either the email addresses or fax numbers listed below.

Amerigroup

Send documentation to Amerigroup at:

ksltssidd@amerigroup.com

Contact Jody Jeffers if you have questions about EF submissions

Jody.Jeffers@amerigroup.com
www.amerigroup.com

Sunflower

Send documentation to the Sunflower Regional Case Management email inboxes. The map with the addresses is available online at www.sunflowerhealthplan.com.

Western: Region1cm@sunflowerhealthplan.com
Salina: Region2cm@sunflowerhealthplan.com
Topeka: Region3cm@sunflowerhealthplan.com
Kansas City: Region4cm@sunflowerhealthplan.com
Wichita: Region5cm@sunflowerhealthplan.com
Southeast: Region6cm@sunflowerhealthplan.com

United

United is working on a single email address for EF submissions.

In the interim, please send documentation to:

Rebecca.L.Smith@uhc.com
[CC: Lori.Libel@uhc.com](mailto:CC:Lori.Libel@uhc.com)

www.uhc.com

Documentation Requirements

VII. Documentation

During the Transition Period, community service providers must submit the following documentation, at a minimum, in order for EF to be reviewed:

- Any/all documentation that the service provider has which supports the request for EF.
 - Information about interventions, supports and services that were tried and failed
 - Any data collected related to the behavioral or health need which qualified the individual for EF.
- The following documents are required to be included for review:
 - Uniform Extraordinary Funding Tool:** Information on the approved Tier Rate, Justification Level previously assigned, and if this is an initial request or if this is a renewal request. If the request is for an MFP member, indicate the date the funding is requested to begin.
 - For guidance on how to complete the Extraordinary Funding, please review the EF Interpretative Guide for completing the documentation.

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2. Summary Page:

- a. **Staffing Needs:** Describe the reason Extraordinary Funding is needed to meet the individual's needs. Include information about current or needed staffing ratios, current strategies to protect the individual, provide supports, and address medical or behavioral needs.
- b. **Behavioral Issues:** Include information about recent changes in circumstances and increased needs that may not be indicated in the individual's person-centered support plan or behavior support plan. Indicate whether the need for extraordinary funding could be reduced if other strategies, services and/or supports were available. Identify previous service or supports or service provider used within the past year.
- c. **Medical Needs:** Describe the extraordinary medical needs that require additional supports including medication, medical technology, history of hospitalization, emergency room visits, and medical appointments.
- d. **Additional Staff Training:** Describe current staff training completed for all staff. Identify additional staff training needed, how often it will occur, and when it was completed, length of training and cost of specialized training. Include a description of how this training meets the individual's specific need for services
- e. **Equipment/Supplies:** Describe the current equipment needed, include the ratio of individual's served using the equipment, cost to purchase and maintain requested equipment and whether it is a request for a one time purchase, assistive services or home modification to meet the consumer's assessed need. Identify all equipment and supplies, needed and used by the individual, including equipment and supplies covered by a third party insurance or Medicare. Non-Medicaid covered equipment and supplies should not be included in the calculation for extraordinary funding.
- f. **Conclusion:** Describe the likely outcome if extraordinary funding is not granted or renewed for the individual based on the individual's assessed needs.

3. Threshold Calculation Worksheet

- a. Please see and use the form currently available on the HCBS website.
 - i. *Please Note:* The method for calculating the vacancy factor and administrative costs may be reviewed by the MCO.
- b. **Average Hourly Wage Calculation Worksheet**
 - i. As is indicated in the current EF Policy, the cap for staff benefits is 20%. Providers may not use more than this amount when calculating staff salary and benefits.
 - ii. The MCO may review the cost calculations and request additional documentation to determine actual cost per day for staff salary, benefits, taxes and administrative costs.
- c. **Training**
 - i. If training is listed as a cost of EF, documentation must be submitted indicating the specialized training needed for the individual that is above and beyond the training provided as a normal course of business for the provider. The explanation of the specialized training should be tied to the reason for the EF request.

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- ii. A maximum of \$1.60 per day is allowable for extraordinary funding consideration and may be included in the EF Rate calculation. Actual cost must be identified for any amount under \$1.60 per day. The MCO may request documentation showing proof of completion of training and type of training completed.

d. Actual equipment costs for the consumer.

- i. **Non-covered Equipment/Supplies:** Only items specific to the individual, and above the normal cost of doing business may be requested and included in the calculation for extraordinary funding.
 - i. For example non-sterile gloves, chucks, or universal precautions for use by home health staff, HCBS staff, or staff from any other paid company are considered content of service and will not be paid separately.
 - ii. Equipment and supplies covered by a third-party payer or Medicare should be identified but should not be included in the EF Rate Calculation. Additionally, non-Medicaid covered equipment or supplies should not be included in the EF Rate Calculation.
- ii. **Covered Equipment/Supplies:** only the portion of the cost of monitoring and adaptive equipment such as alarms, cameras, or cell phones, etc., specific to the assessed needs of the consumer, will be considered.
 - i. The calculation of the total cost divided by the number of individuals using the equipment must be included within the request.
 - ii. The need should be specific to the reason for the EF request and documented accordingly in the Person-Centered Support Plan and Behavior Support Plan.

e. Direct Care Staffing Form

- i. Submit Day Supports or Residential Supports form (as appropriate for the EF request)
- ii. Include all staffing ratios and general description of activities, supports and services provided including behavioral health services, services not reimbursed with EF, and supports and services provided by informal supports (such as weekly family outings in which a Day or Residential staff is not present or required to provided supports and services)

4. Documents

a. Person Centered Support Plan

- i. Plan must be dated within the last 365 days, reflecting the member's current needs and supports, identify any services and/or supports previously tried that have failed and identify any current modifications and/or related updates

b. Behavior Support Plan

- i. If the request for EF is for behavioral needs, a current Behavior Support Plan must be dated within the last 365 days and current behavior modification strategies tried and related updates.
- ii. Current Summarized and interpreted Medical and Behavioral data (as appropriate)

c. Physical Health Profile

- i. Health Information (including the most recent evaluations, appointments, medications, interventions, and medical personnel)

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- ii. To prevent duplication, if the Integrated Service Plan or EF Request includes a need/request for Specialized Nursing care, then Wellness Monitoring will not also be authorized.
- iii. Current Summarized and interpreted Medical and Behavioral data (as appropriate)
- d. **Audit – For Individualized Rates**
 - i. Persons served for whose services have been reimbursed with EF at an individualized rate above the super tier rate must also include the appropriate audit of costs for services provided.
- 5. Please note that additional documentation may be requested by the MCO to complete the review.
 - a. When reviewing the request, the MCOs will consider other community resources, third party sources and/or Medicaid-covered benefits available to the consumer.
 - b. If the person has other primary insurance, the MCO may request the denial of needed services from the primary insurance.

VIII. Dispute Resolution Process

A. MCO Denial/Termination of EF:

- 1. If a community service provider for whom a person served has been reimbursed with EF disagrees with the termination of EF, the provider must appeal with the consumer's MCO according to the terms of appeal for that particular MCO appeal process.
- 2. During the Transition Period, if the MCO denies EF after appeal, the community service provider can request administrative reconsideration of the EF denial from KDADS within 10 days of the appeal's denial of EF.

- B. If after denial and reconsideration KDADS supports the denial or termination of EF, the community service provider may file an appeal through the State Fair Hearing process for provider appeals.

IX. Quality Assurance & Program Integrity

A. MCO Responsibilities

- 1. The MCOs must report EF to the State on the State-approved report, which may include status of the persons served who have services reimbursed with EF, authorizations for EF, review date, approvals and denials including reasons for denials, and dates of communication to the community service provider of the status of EF.
- 2. The MCO will also be responsible for ensuring quality assurance and program integrity for EF. This may include reviewing EF forms, requesting additional information, monitoring services and supports, and recoupment of overpayments. MCOs will notify any provider of concerns related to EF and address any critical incidents, quality assurance and program integrity according to establish MCO policy.

B. KDADS Responsibilities

- 1. KDADS will continue to monitor extraordinary funding and review the EF report on a regular basis to ensure the health, safety and welfare of the persons served who have services reimbursed with EF, including reviewing a sample the denials or termination of EF on a quarterly basis.
- 2. KDADS will continue to ensure compliance with all KDADS quality assurance, program integrity and licensing requirements.